

Early On® Oakland Referral Directions

PURPOSE: This form is to be used when making a referral to Early On® Oakland.

NOTE: The Early On® referral telephone line at Oakland Schools is the first place to call when concerned about the development of children from birth to three. All referrals that come into Early On® Oakland should be recorded on the Early On® Oakland Referral form. If a referral is received by someone other than the Early On® staff at Oakland Schools, there are two ways in which to proceed:

1. The family or provider can be directed to the Early On® referral line at 248.209.2084 or toll free at 866.456.2084.
OR
2. The required information can be gathered using the Early On® Referral form and then faxed to Oakland Schools at 248.209.2522.

In all cases, the referral must be sent to Oakland Schools for processing.

Once a referral has been received by Oakland Schools, the referral specialist will utilize data on the nature of the concern and/or the administration of a developmental screening over the telephone to determine next steps. Children will be sent to their local school district for evaluation if there is a suspected significant delay (50% or more delay) and/or it appears as if they will be Special Education eligible. Children with suspected mild delays (25 - 49% delay) will be sent to Oakland Family Services for evaluation and service coordination. Children primarily with health concerns will be sent to Oakland County Health Division for an evaluation and service coordination.

Child Information

Referral ID: Leave this blank. This number is automatically generated when entered into the Oakland Schools database.

Date of Referral: Record the date the **first** call, email or fax is received at **any** Early On® site, **not** when an agency returns a phone call or a parent(s) signs a consent form. This is the date that begins the 45 day timeline required by Early On®.

Child's Legal Name: Record child's legal name, date of birth, age and gender.

Health Concerns: Describe, in a brief summary, any health concerns the child may have.

Developmental Concerns: Describe, in a brief summary, any developmental concerns the child may have.

NOTE: "Developmental" is when the concern is regarding a child's rate of growth or learning in a specific domain such as motor, cognitive, communication, social-emotional

or self-help. Health issues are established physical or mental conditions that are likely to lead to a developmental delay.

Early On[®] Oakland Referral (Continued)

Guardian(s) Information

Name of Guardian(s): Identify guardian(s) by first and last name. Include complete address, including city and zip code.

School District: This is the school district that serves the community in which the family currently lives. Be sure to ask the family as some districts may serve only portions of communities. If a family does not know their resident district, it can be verified at Oakland Schools.

Home Phone: Record the telephone number where the parent(s) can be reached during the day.

Other Phone: Record an alternative phone number where the parent(s) can be reached, if desired.

Best time to call: The Early On[®] hotline is a voice mail box only. Be sure to ask the parent the best time to call so the Referral Specialist knows when to respond.

Email address: Record the email address of the parent(s) if they have one they wish to share.

Referral Information

Referred By: This is the person who made the initial phone call to Early On[®].

How did you find out about Early On[®]?: Record where the referral source heard about Early On[®]. Examples may include self, pediatrician, neighbor, public health, hospital, school, and others. This box helps us know how parents learn about Early On[®]. Indicate the agency you work for here – for example, write school district, public health department, head start, etc.

Is the parent aware of this referral?: If parent did not self-refer, federal monitoring standards require that parent is aware that a referral was made to Early On[®]. If the parent is aware that you are completing a referral on their behalf, record “yes.” If a parent is not aware that you are completing a referral on their behalf, record “no.”

Contact Information: Write your name, agency, work address and phone number in the space provided.

Early On[®] Oakland Referral (Continued)

Referral Status

NOTE: To best monitor all of the children who are potentially eligible for Early On[®] services, Oakland Schools must be informed of **all** inquiries, received by any agency, from parents or others concerned about the development of a child birth to three years of age. If a referral goes directly to an agency that does provide evaluation as part of the Early On[®] system, and it appears as if that agency is the most appropriate evaluator for that particular child, it is permissible to proceed with the evaluation process. Proceeding with the evaluation means that the service provider obtains written consent to evaluate from the parent, sends out a 7 day notification letter and schedules an evaluation. Since the federal government mandates that IFSPs for eligible children need to be developed within 45 calendar days from the initial referral date, the evaluation process must start immediately.

Check either Yes or No to clarify next steps.

Yes should only be checked if you and/or a representative from your agency will conduct a multi-domain evaluation and determine Early On[®] eligibility according to Part C mandates. When "Yes" is checked, record the responsible party, agency affiliation and telephone number in the space provided. In all other cases, check "No" and Oakland Schools will process the referral accordingly.

Referral Form Forwarded To (for Oakland Schools use only):

Referral Form Forwarded To: This section is to be used by Early On[®] staff at Oakland Schools **ONLY**. The purpose of this information is to monitor which agency and/or evaluator is assigned the child after the initial referral and to help assure that Early On[®] timelines and mandates are followed.

Oakland Schools' staff will indicate the Contact Person, the Agency, the Fax Number and

the Phone Number for whom the referral is assigned. Oakland Schools' staff will also indicate the Evaluator, the Evaluation Date and the Time if known. Additional comments will be noted in the comment section.